

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	JK		6-19-01
<b>O.I.P.E. CLASSIFIER</b>		10	6-29-01
<b>FORMALITY REVIEW</b>	MP	SP	5/16/01
<b>RESPONSE FORMALITY REVIEW</b>	JK	835	10/22/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/24/01
2	1/25/01
3	1/26/01
4	1/27/01
5	1/28/01
6	1/29/01
7	1/30/01
8	1/31/01
9	2/1/01
10	2/2/01
11	2/3/01
12	2/4/01
13	2/5/01
14	2/6/01
15	2/7/01
16	2/8/01
17	2/9/01
18	2/10/01
19	2/11/01
20	2/12/01
21	2/13/01
22	2/14/01
23	2/15/01
24	2/16/01
25	2/17/01
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27	2/19/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

REC'D - JCS (58)  
10/23/01